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APPLICANTS Reginald C. Shiverick, Cleveland, OH; <i>yes</i> Robert Brooks Pollock, Solon, OH; <i>no</i>					
** CONTINUING DATA ***** <i>none</i>					
** FOREIGN APPLICATIONS ***** <i>none</i>					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>no</i> Verified and Acknowledged <i>no</i> Examiner's Signature <i>no</i> Initials <i>no</i>		STATE OR COUNTRY OH <input checked="" type="checkbox"/>	SHEETS DRAWING 7 <input checked="" type="checkbox"/>	TOTAL CLAIMS 48 <input checked="" type="checkbox"/>	INDEPENDENT CLAIMS 4 <input checked="" type="checkbox"/>
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FILING FEE RECEIVED 647	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		